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Fill	in this information to identify your c	ase:		i namer	an i ii					
Del	otor 1 Filomena Fu	ımia Marinelli								
	otor 2			- 37	_					
Uni	ted States Bankruptcy Court for the	: DISTRICT OF NEW J	ERSEY							
	se number 18-28818					Check if this is:				
	iown)					☐ An amende☐ A suppleme	ent showin	ng postpetition of ollowing date:	chapter	
	fficial Form 106I					MM / DD/ Y	YYY			
	chedule I: Your Inc								12/15	
sup spo	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filir r spouse is not filing wi	ng jointly, and your s th you, do not include	pouse i	is livir matio	ng with you, inclu n about your spo	ude inform ouse. If m	nation about y ore space is n	our eeded,	
1.	Fill in your employment information.		Debtor 1			Debtor 2	Debtor 2 or non-filing spouse			
	If you have more than one job,	Employment status	Employed			☐ Emplo	☐ Employed			
	attach a separate page with information about additional		☐ Not employed			☐ Not e				
	employers. Include part-time, seasonal, or self-employed work.	Occupation	Ass't Director, D Center	ay Car	e					
	Occupation may include student or homemaker, if it applies.	Employer's name	Bright Beginnin Center	gs Day	Care					
	or nomemaker, it is applied.	Employer's address								
-		How long employed th	nere? 3 month	ıs						
	mate monthly income as of the d		you have nothing to re	port for	any lir	ne, write \$0 in the	space. In	clude your non-	-filing	
	use unless you are separated.									
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	employ	ers for that perso	n on the li	ines below. If yo	ou need	
						For Debtor 1		btor 2 or ing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$_	3,200.00	\$	N/A		
3.	Estimate and list monthly overt	me pay.		3.	+\$_	0.00	+\$	N/A		
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$_	3,200.00	\$	N/A		

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Deb	tor 1	Filomena Fumia Marinelli		Case	number (if known)	18-288	18		
	C		4	Fo	Debtor 1		btor 2 or ing spouse		
	Сор	y line 4 here	4.	\$ _	3,200.00	\$	N/A		
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	800.00	\$	N/A		
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A		
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A		
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A		
	5e.	Insurance	5e.	\$	0.00	\$	N/A		
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A		
	5g.	Union dues	5g.	\$_	0.00	\$	N/A		
	5h.	Other deductions. Specify:	5h	+ \$_	0.00	+ \$	N/A		
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	800.00	\$	N/A		
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,400.00	\$	N/A		
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A		
	8b.	Interest and dividends	8b.	\$ -	0.00	\$	N/A		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		_	0.00	-	N/A		
		settlement, and property settlement.	8c.	\$	2,580.00	\$	N/A		
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A		
	8e.	Social Security	8e.	\$	0.00	\$	N/A		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A		
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A		
	8h.	Other monthly income. Specify: Annuity	_ 8h	+ \$_	600.00	+ \$	N/A		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,180.00	\$	N/A		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,580.00 + \$		N/A = \$5,580.00		
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$5,580.00		
13.	Do y	you expect an increase or decrease within the year after you file this form. No.	?				monthly income		
		Yes. Explain:							